

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.  
0530060  
APPLICATION

FILING DATE  
3/31/98

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEF.	INO.	DEF.	INO.	DEF.
1	1					
2		1				
3		1				
4	1					
5		1				
6		1				
7		1				
8	1					
9		1				
10						
11	1					
12		1				
13		1				
14		1				
15	1					
16		1				
17		1				
18		1				
19	1					
20		1				
21		1				
22		1				
23		1				
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL	10	1				
TOTAL	11	1				
TOTAL	12	1				

23

	INO.	DEF.	INO.	DEF.	INO.	DEF.
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL						
TOTAL						
TOTAL						